


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

05 FEB -7 PM 12:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N43465	
1. Entity Name DISABLED AMERICAN VETERANS, DEPARTMENT OF FLORIDA SERVICE FOUNDATION, INCORPORATED	

Principal Place of Business 17601 VETERANS WAY MICANOPY, FL 32667	Mailing Address 17601 VETERANS WAY MICANOPY, FL 32667
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



REINSTATEMENT

4. FEI Number 59-3059133	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LINDEN, ALBERT H., JR. FLORIDA STATE ROUTE 441 SOUTH MICANOPY, FL 32667
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7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE <u>Albert H. Linden Jr.</u> Signature, typed or printed name of registered agent and fee if applicable.	<u>Albert H. Linden, Jr.</u> (NOTE: Registered Agent signature required when reinstating)	<u>2/3/05</u> DATE
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FILE NOW!!! FEE IS \$297.50

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Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LINDEN, ALBERT H. 17601 VETERANS WAY MICANOPY, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SORRENTINO, ALBERT 1054 BACON CIR PALM BAY, FL 32905 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TRACY, FRANK 33343 SOMERSET DR LEESBURG, FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARSHALL, ANDY BOX 999, N/A MICANOPY, FL 32667 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOYNER, DENNIS 207 SHADOW BAY BLVD. LONGWOOD, FL 32779 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNSHAW, ED 808 53RD AVE E BRADENTON, FL 34203 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Silva Royer 1234 MISSOURI AVE CLEARWATER, FL 33756 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director DAVID STONE 3658 MARY LANE SARASOTA, FL 34238 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	500046560915 02/15/05--01007--010 ***297.50 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>Albert H. Linden Jr.</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<u>Albert H. Linden, Jr.</u> Date	<u>2/3/05</u> Daytime Phone #	<u>352-466-4084</u>
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